

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026898

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 337 Primary Registration District No. 4497 Registrar's No. 19

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUN 25 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Shelby	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only)	Clarence	b. COUNTY	Shelby
c. FULL NAME OF (If NOT in hospital, give location)	South Center Street	c. CITY OR TOWN	Clarence
d. STREET ADDRESS	South Center Street	d. STREET ADDRESS	South Center Street
3. NAME OF DECEASED		4. DATE OF DEATH	
First	Middle	Last	Month Day Year
Frances	Lee	Bowen	4-9-1963
5. SEX	6. COLOR OR RACE	7. Married	8. DATE OF BIRTH
Female	White	Never Married	6-5-1885
9. AGE (last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
77	Housewife	Shelby County, Mo.	U.S.A.
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE (Deceased)	
William G. Gamble	Rosa Taylor	George Earl Bowen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT	
No	None	Mrs. Dennis Hutcherson Clarence, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:		3 weeks	
IMMEDIATE CAUSE (a)		ACUTE PASSIVE CONGESTION OF LUNGS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		2 weeks	
DUE TO (b)		ACUTE PULMONARY EDEMA	
DUE TO (c)		ESOPHAGEAL HIATUS	
6 months			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days.	
Rupture of Esophagus by Dilatation		Yes No Unknown	
19. WAS AUTOPSY PERFORMED? YES NO	20a. ACCIDENT SUICIDE HOMICIDE	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
YES NO			
20c. TIME OF INJURY	20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
Hour a.m. p.m.			
21. I attended the deceased from June 1958 to April 9, 1963 and last saw her alive on April 9, 1963		22a. SIGNATURE	
Death occurred at 11:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		Dr. B. L. Edgington D.O.	
22b. ADDRESS		22c. DATE SIGNED	
Clarence Mo.		4-11-63	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	4-11-1963	Maplewood	Clarence, Missouri
24. FUNERAL DIRECTOR	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE	
Davis Funeral Service Shelbina, Mo.	4-16-63	Nelson Allison	

USE BLACK INK

OR TYPEWRITER-RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 4 1963

JUN 25 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James D. Davis

Licensed Embalmer No. 4478

P. O. Address Shelbina, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit not obtained (44)